



Client No.	Client Name	Location	Date
2036	O.H. Metals	1802 Osage St. USA 3/29/87	
Facility Equipment Detect Clock <input checked="" type="checkbox"/> IV	Weapon No. <input type="checkbox"/>	Holster <input type="checkbox"/>	Nightstick <input type="checkbox"/>
Raincoat <input checked="" type="checkbox"/> IV	Flashlight <input checked="" type="checkbox"/> IV	Other Gate & Trailer Keys, phone	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			
Officer—Day Shift (Name) ofc K. Felix		Officer—Swing Shift (Name) ofc Del Vecchio	
Shift Began 8 AM Ended 4 PM		Shift Began 4 AM ended 12 PM	
Observations or actions taken		Observations or actions taken	
Rounds or stations missed		Rounds or stations missed	
Unlocked doors, gates or windows		Unlocked doors, gates or windows	
Unlocked vaults or safes		Unlocked vaults or safes	
Fire-smoke-or hazards		Fire-smoke-or hazards	
1. Extinguishers missing or defective		1. Extinguishers missing or defective	
2. Sprinkler system defective		2. Sprinkler system defective	
3. Fire doors or exits blocked		3. Fire doors or exits blocked	
4. Rubbish accumulation		4. Rubbish accumulation	
5. Motors running		5. Motors running	
6. Lights left burning		6. Lights left burning	
Injury hazards		Injury hazards	
Visitors		Visitors	
Trespassing		Trespassing	
Violation of company rules		Violation of company rules	
Remarks		Remarks	
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.			
1. Were you injured during this tour?		1. Were you injured during this tour?	
2. Did you suffer any illness?		2. Did you suffer any illness?	
3. Have you reported all accidents coming to your attention?		3. Have you reported all accidents coming to your attention?	
Signatures 1		Signatures 1	
Signatures 2		Signatures 2	
Signatures 3		Signatures 3	
Kenneth Felix		Del Vecchio	
Robert Dealing			
439073			

439073

